Dynamis, Inc.
P.O. Box 50636
Knoxville, TN 37950
Phone: (865) 588-5422
Fax: (865) 588-6857

August 29, 2007

Mr. Mahmoud Sartipi
KPDES Branch, Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

RE: Pilot Travel Centers LLC #356
Renewal of KYPDES Permit # KY0096288
Expiring February 29, 2008

CERTIFIED MAIL # 7006 0810 0004 2829 2324
Dear Mr. Sartipi,

Please receive the following renewal application for the reissuance of Permit number KY0096288 for the listed facility. Pollutant analysis values are not available for this site at this time, but they have been ordered. The results will be forwarded you as soon as they are analyzed. A list of included documents is listed below, and a check for the application fee is also enclosed.

Form 1
Form F
Form SC
Topographic Map
Flow Schematic
Site Plan

Please feel free to contact me with any questions at 865-588-5422.

Thank you,

Canna Jones
Dynamis, Inc

Enclosures
cc: Jason McCain, Pilot Travel Centers

KPDES FORM 1

AI: 467

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

SEP - 4 2007

PERMIT APPLICATION

This is an application to: (check one)
- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

$200.00

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	9	6	2	8	8

A. Name of business, municipality, company, etc. requesting permit
Pilot Travel Centers LLC

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Pilot Travel Centers LLC No. 356	Owner Name: Pilot Travel Centers LLC
Facility Location Address (i.e. street, road, etc.): 2050 East Blue Lick Road	Mailing Street: 5508 Lonas Drive
Facility Location City, State, Zip Code: Brooks, KY 40165	Mailing City, State, Zip Code: Knoxville, TN 37909
	Telephone Number: 865-588-7488

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This facility is a travel center which conducts retail sales of diesel and gasoline, as well as retail of convenience store merchandise and a fast food restaurant.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	5541: Gasoline retail and service station		
Other SIC Codes:	5812		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Bullitt	City where facility is located (if applicable): Brooks
C. Body of water receiving discharge: Unnamed tributary to Brooks Run	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 3'30"	Facility Site Longitude (degrees, minutes, seconds): 85° 42'15"
E. Method used to obtain latitude & longitude (see instructions):	Mapping software (DeLorme Street Atlas, USA)
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	02-1339648

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Jason McCain	865-588-7488
Operator Mailing Address (Street): 5508 Lonas Drive	
Operator Mailing Address (City, State, Zip Code): Knoxville, TN 37909	
Is the operator also the owner? Yes ☒ No ☐	Is the operator certified? If yes, list certification class and number below. Yes ☐ No ☐
Certification Class: NA	Certification Number: NA

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0096288	03/01/2003	02/29/2008
Number of Times Permit Reissued: 3	Date of Original Permit Issuance: 05/01/1992	Sludge Disposal Permit Number: MSD_8671
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	NA	
Solid or Special Waste	NA	
Hazardous Waste - Registration or Permit	NA	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Pilot Travel Centers LLC
DMR Mailing Street:	5508 Lonas Drive
DMR Mailing City, State, Zip Code:	Knoxville, TN 37909
DMR Official Telephone Number:	865-588-7488

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

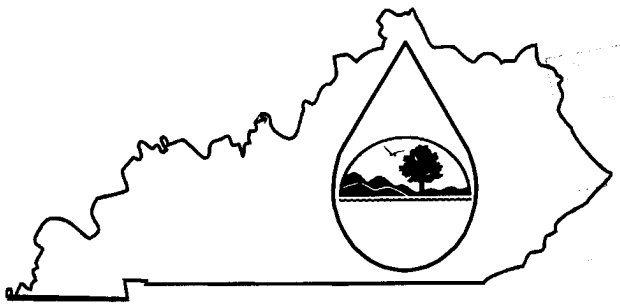
Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	$200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Bill Mulligan - VP of Development	865-522-7488
SIGNATURE	DATE: 8/29/07

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

SEP - 4 2007

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE							

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
002	38	04	15	85	42	00	Unnamed tributary to
							Brooks Run

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls No.	2. Affected Outfalls Source of Discharge	3. Brief Description of Project	4. Final Compliance Date a. req.	4. Final Compliance Date b. proj.
NA					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	Approximately 3 acres	~ 3 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Significant materials stored on site are gasoline and diesel fuel. Control measures include spill containment curbing and overfill controls at the underground storage tanks, and catch basins at the fueling islands, all which drain to the oil/ water separator. Managemnt practices include frequent inspections of all drainage structures for indication of fuel, and immediate clenup of spills, as prescribed by the facility's Spill Containment and Countermeasure Plan.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
002	catch basins, oil/ water separator, polising pond	1-M, 1-U, 4-F

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Bill Mulligan - VP of Development		08/29/07

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NA

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
~~SPL~~ Ashbury Water Technologies	~~500 Ambassador Caffery Parkway Scott, LA 70583~~ 5933 W 71st Street Indianapolis, IN 46278	~~337-237-4775~~ 317. 328. 7153	pH TSS Oil and Grease (ordered)

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)	AREA CODE AND PHONE NO.
Bill Mulligan / VP of Development	865-522-7488
SIGNATURE	**DATE SIGNED**
	8/29/07

KY0096288

VII. DISCHARGE INFORMATION	OUTFALL NO: 002

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
Oil and Grease	ordered 8/29/07	N/A				
Biological Oxygen Demand BOD_5	ordered 8/29/07					
Chemical Oxygen Demand (COD)	ordered 8/29/07					
Total Suspended Solids (TSS)	ordered 8/29/07					
Total Kjeldahl Nitrogen	ordered 8/29/07					
Nitrate plus Nitrite Nitrogen	ordered 8/29/07					
Total Phosphorus	ordered 8/29/07					
pH	Minimum	Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
TSS	11.1 mg/L	NA	24	NA	4	stormwater runoff; algae
Oil and Grease	< 5.0mg/L (ND)	NA	< 10.0 mg/L (ND)	NA	4	retail fuel

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
NA						

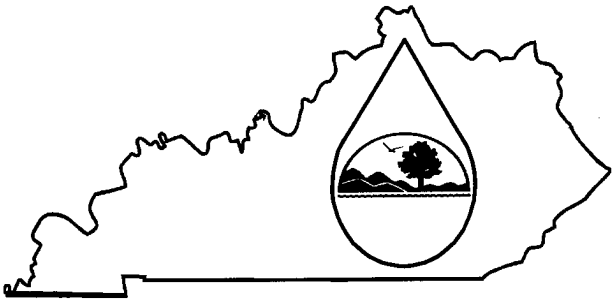
Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
NA					

7. Provide a description of the method of flow measurement or estimate.

NA

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

SEP - 4 2007

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:

I. FACILITY DISCHARGE FREQUENCY	AGENCY USE							

A. Do discharge(s) occur all year? Yes x No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? 7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):
Pilot Travel Centers LLC has installed a 12,000 gallon oil water separator rated for 500 gallons per minute discharge and designed to drain runoff from 25,000 square feet. This device is protected from flow surges through the inflow pipe by design. The expected maximum flow is based on a 2 inch per hour storm event and three water hydrants located at the diesel island, which flow rates less than 200 gpm.

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system: >1 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
002	38	04	15	85	42	00	Unnamed tributary to Brooks Run

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)

Mapping software (DeLorme)

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
002	Diesel island	<500 gpm	Oil/ water separator	1-H, 4-A
	Scales	<500 gpm	Oil/ water separator	1-H, 4-A

V. Check the type(s) of wastewater discharged.

☐ Domestic (60% or more sanitary sewage) ☐ Oil field waste

☐ Noncontact cooling water x Other (list): treated discharge from oil/ water separator

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? x Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

☐ Publicly-owned lake or impoundment Name of lake:

☐ Publicly-owned treatment works (POTW). Name of POTW:

☐ Land application of Effluent

☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well

☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

☐	Antimony		☐	Copper		☐	Silver	
☐	Arsenic		☐	Lead		☐	Thallium	
☐	Beryllium		☐	Mercury		☐	Zinc	
☐	Cadmium		☐	Nickel		☐		
☐	Chromium		☐	Selenium		☐		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	NA	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs: NA	☐ Wet Weather	☐ Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points NA	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions) NA

NAME	ACTUAL POPULATION SERVED
TOTAL POPULATION SERVED	

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS NA

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS Ordered 08/28/07

A. Indicate results of analysis for pollutants listed below.

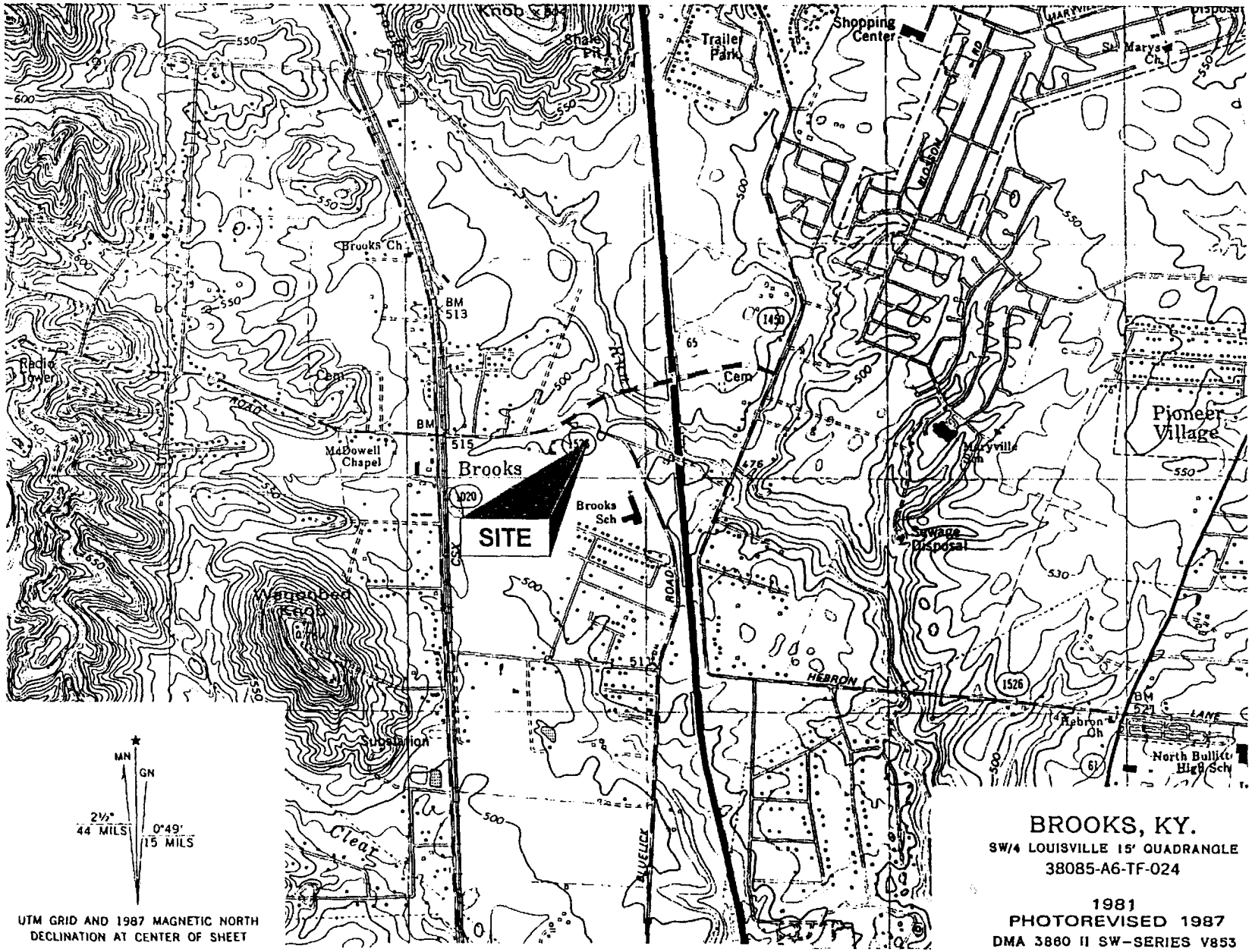
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD_5	NA		
TOTAL SUSPENDED SOLIDS	Ordered 08/29/07		
FECAL COLIFORM	NA		
TOTAL RESIDUAL CHLORINE	NA		
OIL AND GREASE	Ordered 08/29/07		
CHEMICAL OXYGEN DEMAND	NA		
TOTAL ORGANIC CARBON	NA		
AMMONIA	NA		
DISCHARGE FLOW	NA		
pH	NA		
TEMPERATURE (WINTER)	NA		
TEMPERATURE (SUMMER)	NA		

B. Frequency and duration of flow:	Intermittent

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Bill Mulligan - VP of Development	865 - 522 - 7488
SIGNATURE	DATE
	8/29/07



UTM GRID AND 1987 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

0 1/2 1

BROOKS, KY.

SW/4 LOUISVILLE 15' QUADRANGLE

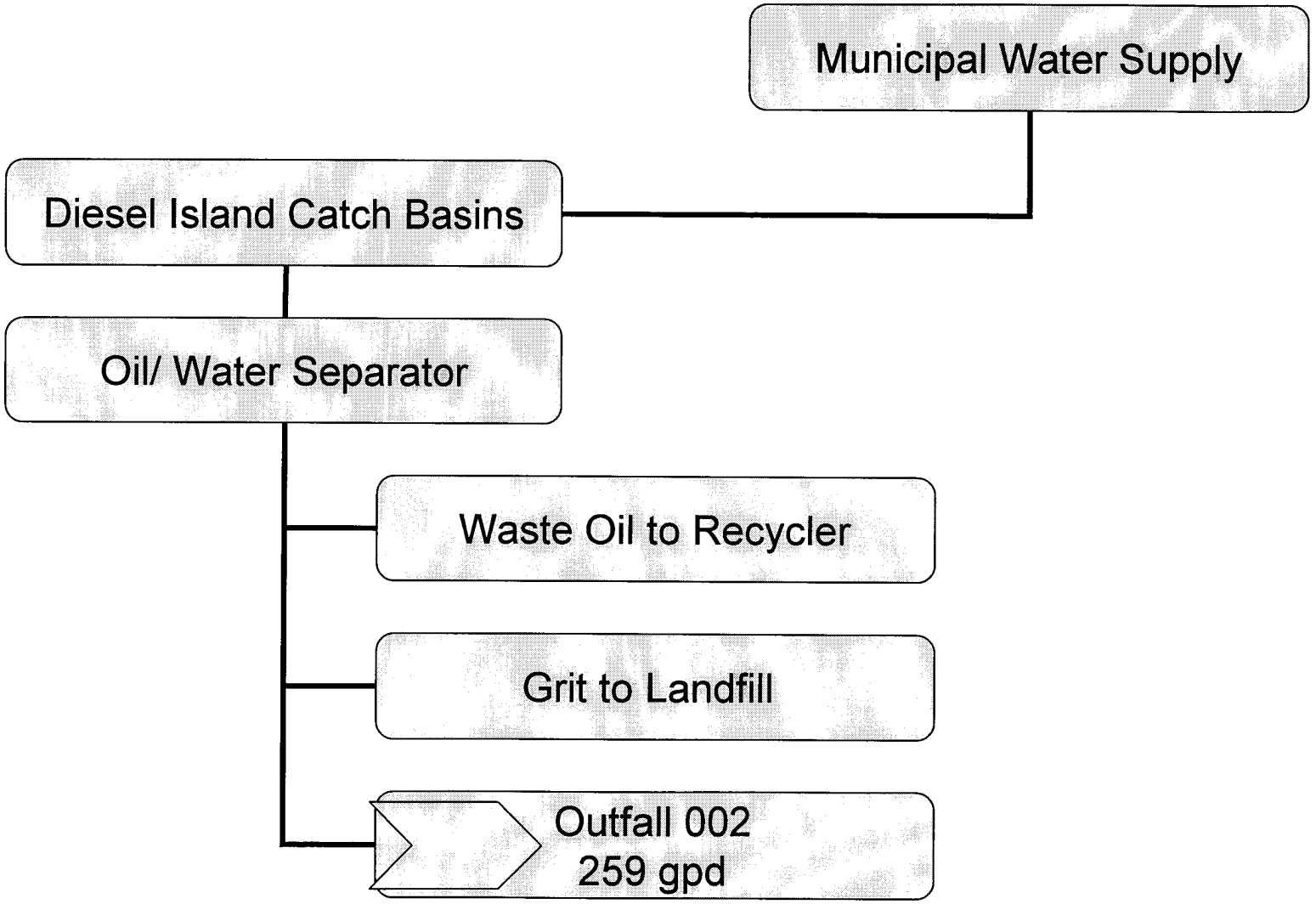
38085-A6-TF-024

1981

PHOTOREVISED 1987

DMA 3860 II SW-SERIES V853

Pilot Travel Centers LLC #356
Permit # KY0096288



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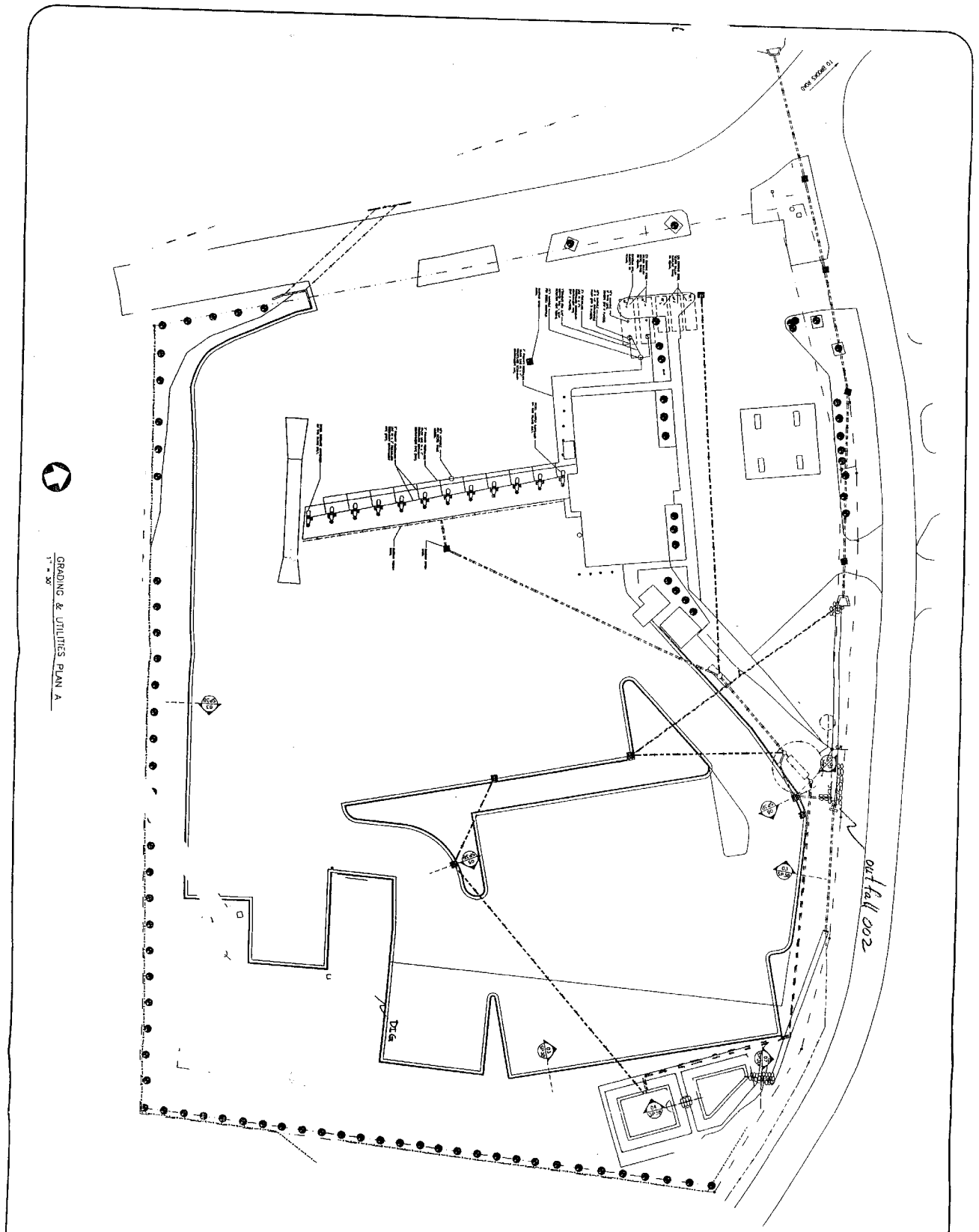


GRADING & UTILITIES PLAN A
1" = 30'

SHEET SP3A OF

GRADING & UTILITIES PLAN A

PILOT TRAVEL CENTER
I-65, EXIT 121
HILLVIEW, KENTUCKY

PILOT CORPORATION
CONSTRUCTION DEPARTMENT
5508 Lonas Drive
Knoxville, Tennessee 37909
(615) 588-7487

Dynamis, Inc.
P.O. Box 50636
Knoxville, TN 37950
Phone: (865) 588-5422
Fax: (865) 588-6857

May 23, 2008

Mr. Allen Ingram II
KPDES Branch, Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

RE: Pilot Travel Centers LLC #356
Renewal of KYPDES Permit # KY0096288
Renewing March 1, 2008

CERTIFIED MAIL # 7007 1490 0004 1963 2135

Dear Mr. Ingram,

Please receive the attached signed revision of Form F for Permit Number KY0096288 for the listed facility. Form F was revised to reflect water quality parameters required for the permit renewal, but were not available at the time of the renewal application.

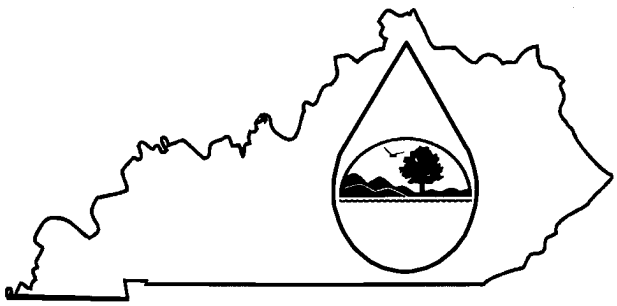
Please feel free to contact me with any questions at 865-588-5422.

Thank you,

Canna Jones
Dynamis, Inc

Enclosures
cc: Joey Cupp, Pilot Travel Centers

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

APR 27 2006

PERMIT APPLICATION

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For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE							

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
002	38	04	15	85	42	00	Unnamed tributary to
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II. IMPROVEMENTS

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1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls No.	Source of Discharge	3. Brief Description of Project	4. Final Compliance Date a. req.	b. proj.
NA					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

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Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	Approximately 3 acres	~ 3 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Significant materials stored on site are gasoline and diesel fuel. Control measures include spill containment curbing and overfill controls at the underground storage tanks, and catch basins at the fueling islands, all which drain to the oil/ water separator. Managemnt practices include frequent inspections of all drainage structures for indication of fuel, and immediate clenup of spills, as prescribed by the facility's Spill Containment and Countermeasure Plan.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
002	catch basins, oil/ water separator, polising pond	1-M, 1-U, 4-F

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NA

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Astbury Water Technologies	5933 W 71 Street Indiannapolis, IN 46278	317-328-7153	pH TSS Oil and Grease

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)	AREA CODE AND PHONE NO.
Joey Cupp - Environmental Manager	865-588-7488 X 2826
SIGNATURE	**DATE SIGNED**
	5-21-08

VII. DISCHARGE INFORMATION			OUTFALL NO: 002			
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.						
Pollutant and CAS Number (if available)	**Maximum Values (include units)**		**Average Values (include units)**		**Number of Storm Events Sampled**	**Sources of Pollutants**
	Grab Sample Taken During 1st 20 Minutes	**Flow-weighted Composite**	**Grab Sample Taken During 1st 20 Minutes**	**Flow-weighted Composite**		
Oil and Grease	<10	N/A			3	gasoline and diesel fuel
Biological Oxygen Demand BOD_5	91				3	
Chemical Oxygen Demand (COD)	347				3	
Total Suspended Solids (TSS)	36.4				3	environmental
Total Kjeldahl Nitrogen	7.6				3	
Nitrate plus Nitrite Nitrogen	0.194				3	
Total Phosphorus	0.698				3	
pH	Minimum	Maximum	Minimum	Maximum	3	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	**Maximum Values (include units)**		**Average Values (include units)**		**Number of Storm Events Sampled**	**Sources of Pollutants**
	Grab Sample Taken During 1st 20 Minutes	**Flow-weighted Composite**	**Grab Sample Taken During 1st 20 Minutes**	**Flow-weighted Composite**		
TSS	11.1 mg/L	NA	24	NA	4	stormwater runoff; algae
Oil and Grease	< 5.0mg/L (ND)	NA	< 10.0 mg/L (ND)	NA	4	retail fuel

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
NA						

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
NA					

7. Provide a description of the method of flow measurement or estimate.

NA